

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	10	8-12-94
EXAMINER	108	8-17-94
TYPIST	211	8-31-94
VERIFIER	211	9-1-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 1	3 24 75
2 2	1
3 3	
4 4	
5 5	
6 6	
7 7	
8 8	
9 9	
10 10	
11 11	
12 12	
13 13	
14 14	
15 15	
16 16	
17 17	
18 18	
19 19	
20 20	
21 21	
22 22	
23 23	
24 24	
25 25	
26 26	
27 27	
28 28	
29 29	
30 30	
31 31	
32 32	
33 33	
34 34	
35 35	
36 36	
37 37	
38 38	
39 39	
40 40	
41 41	
42 42	
43	
44	
45	
46	
47	
48	
49	
50	

## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	
Original	
51	
52	
53	
54	
55	
56	
57	
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